BOP update

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Removable Consumer Notice Featured Inside

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Diversity Based Psychology with Lesbian, Gay and Bisexual Patients:

Clinical and Training Issues – Practical Actions

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Introduction

Recently the Board published a manuscript discussing the implications of the new American Psychological Association Ethical Principles and Code of Conduct (APA, 2002) and the Guidelines on Multicultural Education, Training, Research, Practice, and Organizational Change for Psychologists (APA, 2003).

Due to the importance of diversity in the practice of psychology, the Board requested a follow-up paper focused on the training and practice implications of the Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Patients (LGB) (APA, 1998). See the appendix (page 13) for a summary version of the LGB Guidelines.

Diversity Based Psychology

The LGB Guidelines provide an overview of the knowledge, skills and values essential when treating LGB patients. In addition, these guidelines provide a framework for training neophyte therapists to develop competency working with LGB people.

We hope this article provides you information and suggestions that will enhance your practice with LGB patients as well as improve your ability to train future psychologists.

Clinical Practice Issues

The LGB Guidelines address four primary areas relevant to psychologists' work with LGB patients. These include the understanding, knowledge, and recognition of (1) attitudes toward LGB people and sexual orientation issues, (2) relationships and family concerns, (3) the complex diversity within the LGB community, and (4) the training and education of current and future members of the profession. These guidelines have direct implications for practitioners.

The LGB Guidelines provide a useful supplement to the Ethical Principles and Code of Conduct (APA, 2002). While the 2002 Code is generally regarded as more culturally sensitive than previous codes, the LGB Guidelines provide explicit direction for assessing and improving one's clinical practice with LGB patients.

Specifically, the LGB Guidelines allow the practitioner to personally and professionally define the notion of "gay affirmative therapy." The guidelines require each practitioner to challenge his/her assumptions and attitudes about what he/she professes to know and do when treating members of this minority population.

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Tips on Telepsychology

The following information regarding telepsychology has been excerpted with the permission of the primary author from "Regulation of Telepsychology: A Survey of State Attorneys General" by Gerry Koocher & Elisabeth Morray. Professional Psychology: Research and Practice, October, 2000, vol. 31, issue #5, pages 503-508.

In light of the survey data obtained in this research, the authors offer the following regarding telepsychology:

1. Before engaging in the remote delivery of mental health services via electronic means, practitioners should carefully assess their competence to offer the particular services and consider the limitations of efficacy and effectiveness that may be a function of remote delivery.

2. Practitioners should consult with their professional liability insurance carrier to ascertain whether the planned services will be covered. Ideally, a written confirmation from a representative of the carrier should be obtained.

3. Practitioners are advised to seek consultation from colleagues and to provide all clients with clear written guidelines regarding planned emergency practices (e.g., suicide risk situations).

4. Because no uniform standards of practice exist at this time, thoughtful written plans that reflect careful consultation with colleagues may suffice to document thoughtful professionalism in the event of an adverse incident.

5. A careful statement on limitations of confidentiality should be developed and provided to clients at the start of the professional relationship. The statement should inform clients of the standard limitations (e.g., child abuse reporting mandates), any state-specific requirements, and cautions about privacy problems with broadcast conversations (e.g., overheard wireless phone conversations or captured Internet transmissions).

6. Clinicians should thoroughly inform clients of what they can expect in terms of services offered, unavailable services (e.g., emergency or psychopharmacology coverage), access to the practitioner, emergency coverage, and similar issues.

7. If third parties are billed for services offered via electronic means, practitioners must clearly indicate that fact on billing forms. If a third-party payer who is unsupportive of electronic service delivery is wrongly led to believe that the services took place in vivo as opposed to online, fraud charges may ultimately be filed.

HMO Consumer Complaint Hotline Available: ***1-800-400-0815***

In the interest of consumer protection, the Board of Psychology enthusiastically supports the Consumer Complaint Hotline of the Department of Corporations.

The board encourages all licensees to post the hotline number in their offices so that HMO patients are aware of the recourse they may have in dealing with their managed care insurance carrier.

A formal complaint may be filed with the Department of Corporations after a patient has attempted all available remedies within the HMO grievance system.

HMO personnel who are licensed psychologists must adhere to all ethical principles applicable to the profession, as well as all laws relating to psychology licensure.

Board of Psychology 2005 Event Calendar

Event	Dates	Locations
Strategic Plan Meeting	February 3	San Jose
Board Meeting	February 4-5	San Jose
CPA Division II Annual Meeting	February 26	Manhattan Beach
CPA Convention	April 7-10	Pasadena
ASPPB Midwinter Meeting	April 6-10	Portland, OR
Board Meeting	May 6-7	Los Angeles
Board Meeting	August 12-13	San Diego
APA Convention	August 18-21	Washington, D.C.
ASPPB Annual Meeting	October 20-23	Philadelphia, PA
Strategic Plan Meeting	November 17	Sacramento
Board Meeting	November 18-19	Sacramento

Board Requires Thorough Check of Foreign Degrees

On January 1, 2002, legislation regarding the acceptance of foreign degrees by the Board of Psychology became effective. Senate Bill 724 added the following language to Business and Professions Code section 2914(b):

"An applicant for licensure trained in an educational institution outside the United States or Canada shall demonstrate to the satisfaction of the board that he or she possesses a doctorate degree in psychology that is equivalent to a degree earned from a regionally accredited university in the United States or Canada.

These applicants shall provide the board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES), and any other documentation the board deems necessary."

To obtain a list of credential evaluation services that are members of NACES, visit the NACES website at www.naces.org.

Law Protects Consumers from Retribution for Filing Complaint Against Licensees

Consumers who file a complaint with the board against a licensee or registrant are protected from retaliation by the licensee or registrant under the provisions of the California Civil Code.

Civil Code section 43.8 states, in part, that: "In addition to the privileges afforded by Section 47, there shall be no monetary liability on the part of, and no cause of action for damages shall arise against, any person on account of the communication of information in the possession of that person to any . . . professional licensing board … when the communication is intended to aid in the evaluation of the qualifications, fitness, character, or insurability of a practitioner of the healing or veterinary arts. …"

To view the texts of Civil Code sections 43.8 and 47 in their entirety, please visit the Official California Legislative Information website at www.leginfo.ca.gov.

Larger Font Size Required for Release Forms

Civil Code Sections 56 and following were amended to require that written authorizations for release of medical information be in a minimum of 14 point type rather than 8 point type.

The board suggests that psychologists modify their release forms accordingly in order to avoid any question as to the legality of the release.

How to Ensure Timely Renewal of Your Psychologist's License

Once a psychologist's license renewal application and fee is received by the Department of Consumer Affairs, it can take several weeks for the license to be updated. Furthermore, it takes an additional two to four weeks for the pocket license to be mailed out.

Therefore, it is strongly recommended that you submit your renewal well in advance of the expiration date of your license, so that you have proof of renewal to verify with your employer, insurance companies, etc., prior to the expiration date of the license.

Keep in mind that you must accrue all of the mandated continuing education in order to renew your license, so be mindful of this when planning continuing-education courses.

You can renew your license online using the Online Professional Licensing feature on our website. Renewing your license in this manner usually cuts the renewal processing time in half. You can also use this feature to update your address of record or to request a duplicate pocket license if yours is lost or stolen.

The following "License Renewal Tips" can help you avoid common mistakes that can slow down the renewal process.

- **COMPLETE YOUR RENEWAL FORM ENTIRELY** – Be sure to answer every question even if you are placing your license on inactive status.
- **SIGN AND DATE YOUR RENEWAL FORM** – Be sure to sign and date where it is indicated on the form.
- **PAY THE CORRECT FEE** – Please note the amount due indicated on the renewal form and make sure that you pay that amount. If you are renewing after your license expiration date, make sure that you also include the delinquent fee.
- **DO NOT UPDATE YOUR ADDRESS** – Address changes made on the renewal form will delay your renewal. We recommend that you update your address using the online licensing system on our website or by e-mailing the address change to the board at bopmail@dca.ca.gov.

Frequently, we receive calls from licensees whose renewals have not yet been processed, and their license expiration dates have passed. We cannot verify a license renewal until the renewal application is processed through the Department of Consumer Affairs and the expiration date has been updated in our database. Oftentimes, this results in the licensee losing their privileges to practice, because they cannot verify for their employer that their license has been renewed.

We also receive calls from licensees who are unable to renew their licenses because a continuing education course that they were scheduled to attend was cancelled.

The board is prohibited by law from renewing any license when all continuing education requirements have not been met. Therefore, such licenses expire on the expiration date, and the licensee cannot practice until all continuing education requirements are fulfilled and the license is renewed.

The board strongly recommends that you follow the above recommendations and renew your license well in advance of its expiration date to avoid finding yourself unable to practice because your license has been rendered delinquent.

Former Board Members Take On New Assignments

Former member and president of the Board of Psychology, Martin Greenberg, Ph.D., was appointed by Governor Schwarzenegger to serve on the Division of Medical Quality of the Medical Board of California. Dr. Greenberg will serve as a public member on the Medical Board. Dr. Greenberg served on the Board of Psychology from July 1993 through May 2002.

At the October 2004 Annual Meeting of the Association of State and Provincial Psychology Boards (ASPPB), former Board of Psychology member and president Emil Rodolfa, Ph.D., was elected to serve a three-year term with the association as Member at Large. ASPPB owns, develops and validates the national psychology licensing examination, the Examination for Professional Practice in Psychology. Dr. Rodolfa served on the Board of Psychology from December 1997 through May 2002.

Please cut at dashed line and remove "Notice to Consumers."

NOTICE TO CONSUMERS: The Department of Consumer Affairs' Board of Psychology receives and responds to questions and complaints regarding the practice of psychology. If you have questions or complaints you may contact the Board on the Internet at www.psychboard.ca.gov, by calling 1-866-503-3221 or by writing to the following address:

Board of Psychology
1422 Howe Avenue, Suite 22
Sacramento CA 95825-3236

California
Board of Psychology

California Department of Consumer Affairs

Section 2936 of the California Business and Professions Code requires all licensees to post this notice in a conspicuous location in their principal psychological business office.

Legislation Requires $10 Fee Increase

The following information is intended to explain laws that affect the license fees for psychologists, licensed MFT's and LCSW's.

For some time now, the law has required the Office of Statewide Health Planning and Development to establish a nonprofit public benefit corporation know as the Health Professions Education Foundation (HPEF) (www.healthprofessions.ca.gov) to perform various duties with respect to implementing health professions scholarship and loan programs.

Assembly Bill 938, which was authored by Assembly Member Leland Yee, Ph.D., and signed into law in 2003, established the *Licensed Mental Health Service Provider Education Program*. This legislation required the HPEF to develop a prescribed program to provide grants to licensed mental health service providers that provide direct patient care in a publicly funded facility or a mental-health-professional-shortage area.

To fund this effort, AB 938 added section 2987.2 of the Business and Professions Code, which reads: "In addition to the fees charged (to licensed psychologists) pursuant to section 2987 for the biennial renewal of a license, the board shall collect an additional fee of ten dollars ($10) at the time of renewal. The board shall transfer this amount to the Controller who shall deposit the funds in the Mental Health Practitioner Education Fund."

This new law took effect January 1, 2004. Therefore, license renewal notices for psychologists include this $10 additional fee mandated by AB 938. This additional fee does not go into the board's fund. The board must transfer these additional fees to the State Controller for the Mental Health Practitioner Fund. With this additional fee, psychologists pay $410 to renew their licenses biennially.

How to Reactivate an Inactive License

Continuing Education

In order to reactivate an inactive license, 36 hours of qualifying continuing education, including at least four hours of instruction on the subject of laws and ethics, as well as any other mandatory courses, are required. These hours of coursework must have been completed no more than 24 months prior to the date of reactivation.

Reactivation Fee

If the reactivation occurs at the regularly scheduled renewal date, the licensee merely needs to check the "Active" box on the renewal form and submit the form with the active renewal fee of $410.

If the reactivation occurs prior to the regularly scheduled renewal date, the fee for reactivation will be $16.67 for each month or partial month remaining in the renewal cycle. For example, if an inactive license is scheduled to expire on December 31, 2005, and the licensee decides to reactivate the license on January 20, 2005, the fee for reactivation would be $200.04 ($16.67 X 12 months for 11 full months and one partial month).

License Reactivation Form

The License Reactivation Form can be located on our website at www.psychboard.ca.gov under the Licensing & Registration section. You can also obtain a License Reactivation Form by calling (916) 263-2699, extension 0. If you have questions regarding this process, you can e-mail them to bopmail@dca.ca.gov.

Feedback Resources Available Online @ BOP

Customer Service Evaluation Form — The board has a convenient way for you to let us know how we're doing in the customer service department.

Our automated Customer Service Evaluation Form can be completed and submitted online at the board's website, www.psychboard.ca.gov. The feedback received will assist the board in providing annual performance evaluations to its staff.

Consumer Complaint Form — The board would like to remind consumers of psychological services that there is access to an automated online Consumer Complaint Form through the board's website at www.psychboard.ca.gov.

If consumers have a complaint against a licensed psychologist, registered psychological assistant, or registered psychologist, or if consumers wish to report the unlicensed practice of psychology, they may do so by completing the form and submitting it online.

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Attitudes are Important

Although all of the guidelines have direct application for practitioners, the first four form the basis for all that follow. The initial guidelines speak directly to the need for psychologists to enhance their self-awareness and sensitivity to sexual orientation issues. These aspirational directives derive from the APA Code of Ethics, which states, "psychologists do not engage in unfair discrimination based on … sexual orientation," (APA, 2002); the guidelines go further and affirm that a psychologist's role is to acknowledge the effects of societal stigma on their patients, and assist patients to overcome the emotional distress brought on by the oppression they experience in this society.

The following guideline, "Psychologists understand that homosexuality and bisexuality are not indicative of mental illness" has been a source of debate for many years. Of course, all positive, affirmative therapy with LGB patients is based on the premise and cannot occur without a view that homosexuality and bisexuality are not indicative of a mental disorder.

Diversity Based Psychology

Other guidelines encourage psychologists to understand their own attitudes and biased beliefs about LGB people (and the resulting impact on their clinical work), to understand the impact of societal prejudice and discrimination on LGB people, and to strive to understand how inaccurate and biased views affect the patient and the therapy process. Unfortunately, many psychologists undoubtedly believe they "understand," when they actually do not. It is crucial that psychologists realize that no one is exempt from the influence of societal negative stereotyping, prejudice, and even hatefulness directed at LGB people. All people carry some degree of homonegativity, or homophobia, in their attitudes and beliefs. Many gay people have internalized these negative societal messages, and present with significant emotional pain and conflict because of it.

Well-meaning practitioners with good intentions may, for example, believe their "acceptance" of lesbian, gay, and bisexual people is "enough" to provide effective psychological services to members of this population. These practitioners often take a "people are just people … they're all the same" approach to their work, and fail to realize how traditional therapy practices may disregard and disrespect the life experiences of gay people.

Joe Kort (Psychotherapy Networker, August 19, 2004; download from Internet on 8/19/04) spoke to this issue recently. He said, "With very few exceptions, clinicians are anxious to assure me that they're not homophobic and can absolutely work with gay clients without any prejudice of any kind! ... people are just people." Comments like this reflect a lack of understanding of the unique issues gay patients present. Kort stated, "I tell them that discounting the specific issues that gays and lesbians face in our society implicitly denies the widespread social loathing that targets gay people, which they internalize, making them even more prone to self-hatred than other clients."

The gay affirmative therapist understands, as outlined in the guidelines, that "inaccurate or prejudicial views (of gay people) may affect the client's presentation in treatment and the therapeutic process." It is the responsibility of each practicing psychologist to carefully examine her or his beliefs and attitudes about gay people, and to become informed and educated about their lives and experiences. When LGB people seek psychological services, each is likely to feel some discomfort with their sexual orientation, and/or have experienced losses and emotional pain in dealing with the lifelong process of coming out. The misinformed practitioner, or the one who may even unknowingly harbor biased beliefs, is likely to increase the patient's distress.

Understanding Relationships and Families

The guidelines address the need for psychologists to "respect the importance" of LGB relationships, to be knowledgeable concerning the challenges facing LGB parents, to recognize the unique and nontraditional qualities of LGB relationships, and to understand how a person's sexual orientation may impact the relationship with the family of origin.

Psychologists need to understand the manner in which same-sex couples are similar to, and yet very different from, heterosexual couples. Same-sex couples enter relationships for many of the same reasons as heterosexual people, but their relationships are challenged and stressed by many complex issues not faced by heterosexual couples. Issues of disclosure and how "out" to be as a couple, parenting, dealing with family of origin, child custody/ adoption issues, and the need for a non-socially sanctioned couple to "create their own rules" of "marriage," all create

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stress. Add to this the possible negative effects of societal discrimination and prejudice, and only a well-informed, gay-affirmative practitioner is likely to be able to effectively intervene with relationship issues.

It is important to note that a major issue facing the LGB community today is the question of the right to marry. Psychologists working with same-sex couples and LGB individuals must carefully consider where they stand on this issue. If you cannot affirm that your LGB patients should have the same relationship rights as non-gay citizens, you must consider how this view impacts your work with these patients.

Clinical Training Issues

The LGB Guidelines not only call on psychologists to follow an ethical standard of care when working with LGB individuals, they require psychologists to incorporate into their training gay affirmative knowledge, skills and attitudes.

The LGB Guidelines are especially relevant to training, as the literature is rife with evidence of the inadequacy in which psychology students are trained to work with LGB individuals (Anhalt, Morris, Scotti, and Cohen, 2003). It is not just students, however, but licensed professionals who are also inadequately trained. Few practitioners have adequate information about the lives of LGB individuals for their ongoing practices, therefore the potential for harm with equally uninformed clients is particularly high (Schneider, Brown, & Glassgold, 2002; Murphy, Rawlings, & Howe, 2002).

A simple method by which to meet the guidelines is to add training on the lives of LGB individuals, as a content area, to already standing multicultural classes, practica, and continuing education programs. An important factor, however, makes this more difficult than would first appear. The content of LGB lives is highly fluid and dramatically changing as each new generation comes into maturity (Outproud, 1998).

Minimally, major content areas essential to effective LGB training include: 1) the increasing fluidity in how LGB individuals self-define; 2) the increased conceptualization and acknowledgment of multiple identities in LGB individuals; 3) alternative clinical services for these changing populations; 4) the importance of community connections and support as a vital factor in clinical services; and 5) the ever increasing presence of transgendered individuals.

Diversity Based Psychology

Identity Definition: Individuals are increasingly stating their dissatisfaction with the limitations perceived to be inherent in the labels gay, lesbian, and bi. As a result, individuals are seeking more fluid and broad definitions to replace the previously bimodal gay/straight definitions. Evidence of this can be seen in the multiply-lettered acronym that once used to be LGB and now can be as much as LGBTQQICIAO (lesbian, gay, bisexual, transgendered, queer, questioning, intersexed, curious, interested, allied, and others). Whether one uses the term LGB or Queer or something else, each new generation is increasingly seeking greater freedoms in its self-definition.

Multiple Identities: In addition to more fluid definitions within the LGB world, LGB individuals are also living in an ever-increasing multicultural world. As such, it is vital that psychology students and psychologists are trained with the maxim that "no one is just LGB." Individuals are LGB and of color, LGB and physically disabled, LGB and from rural backgrounds, and so on. It is no longer adequate to provide clinical services simply on the basis that an individual is LGB without also considering the multiplicity of identities the individual may have and the interactional effects these identities may have. As Garnets (2002) stated, "No single element of identity, be it race, ethnicity, class, disability, gender, or sexual orientation can truly be understood except in relation to others. Psychologists must use models that are based on multiplicity, not sameness. And all psychologists need to open their minds to individuals' multiple identities and the full range of diversity" (p. 126).

As far back as 1991, models were proposed that allowed for individuals to claim unitary, binary, and multiple cultural identities inclusive of sexual orientation (Oetting and Beauvais, 1991). Trainers are encouraged to use models of sexuality that are inclusive of concurrent multiple identities. Models that were unimodal and linear, while important in their day, are no longer applicable when working with the most current generations of LGB individuals (Fukuyama, 2000). By using multiple identity models, psychologists can assist LGB individuals with becoming aware of and addressing the multiple oppressions they often face outside of their identified communities, as well as within. For the woman, who is lesbian, African-American, AME, and physically disabled, the oppressions are many as are the

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cumulative negative effects of them. This would be true, too, for the man who is gay, Latino, Catholic, working class, and from the Deep South. Training psychology students and psychologists in models, which recognize multiplicity in identities and oppressions, allow them to be better equipped to manage clinical work with LGB individuals.

For example, psychologists can use the Self-Identity Inventory-SII (Sevig, Highlen & Adams, 2000), to identify multiple identities. This test offers a multicultural identity development instrument that allows individuals to describe their identities or self-defined referent groups. The SII profile can assist psychologists to respond in affirmative ways and develop therapeutically useful strategies.

Alternative Treatments: In addition to training in traditional therapy modes, trainers and trainees may want to consider training in alternative modes of clinical service delivery. This is because many LGB individuals may shy away from psychotherapies that are based solely in Westernized values such as traditional individual, couples, and group psychotherapies (Mazumdar, 1992). These therapies may be seen as too stifling, much as the dominant culture around them may feel (Greene, 1994; Liddle, 1996). To compensate for these problems, alternative forms of service delivery need to be designed to reach LGB individuals who are not currently using services and would like to do so.

Diversity Based Psychology

Alternative clinical services can include innovative and creative psycho-educational and preventive programming services (Schreier and Werden, 2000). These approaches can be community-based and address presenting concerns of LGB individuals. Furthermore, they can address the inherent attitudes and beliefs of homophobia/biphobia and heterosexism that can often be the cause of LGB presenting concerns (Rotheram-Borus and Fernandez, 1996).

Community Connections: In addition to direct services, the guidelines highlight a fundamental issue of importance to many marginalized individuals who are the targets of oppressions. Because of the effects of multiple oppressions, LGB individuals often have the need for community connections. Making use of community connections, support, and encouragement can bolster clinical services (Lundberg, 2001). The amount of available community supports varies greatly depending on the region in which individuals live. Even so, it is paramount that psychologists provide clinical services that include a strong knowledge base for community-based connections.

Current issues effecting LGB individuals often prompt the need for community-based support so they can better manage: increasing family complexities (two fathers raising a child in the same household with the biological mother of the child), the current high visibility in the press due to legal proceedings (custody cases for same-sex parents), and active legislative initiatives (the rights of civil marriage for same sex couples). Societal impacts can be highly stressful for LGB individuals and the need for community-based support can increase exponentially. It is the responsibility of psychologists to have an up-to-date knowledge or relevant community connections in order to provide helpful clinical services to LGB individuals. Trainers are encouraged to share the value of community connections when working with these populations.

Transgender: Finally, while this article primarily focuses on LGB individuals as do the guidelines, a population increasing in its visibility and thus in its service-seeking are individuals who are transgendered. As trainers and training institutions continue to improve their comfort and ability to train effectively in LGB issues and concerns, they will want to turn their attention to issues and concerns based also on the sexes and genders of individuals. While often politically grouped together as LGB"T," individuals who are transgendered are not necessarily struggling with issues and concerns related to sexuality, but may more so be working with issues related to their sex and gender. While similar psychotherapy guidelines do not exist yet for working with individuals who are transgendered, the LGB standards might easily apply. Psychologists and trainers have an opportunity to expand the knowledge base to better understand the lives of transgendered individuals. As transgendered individuals continue to come out in greater and greater numbers, the need for mental health services is increasing. Given that the Harry Benjamin Standards (HBIGDA, 2001) require the endorsement of a mental health professional, service-seeking by transgendered individuals is not just a good idea, but is a requirement for them to fully seek the development and transition they may desire. In working as trainers, we will also encounter

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trainees who are interested in working with this population and we may encounter trainees who are transgendered themselves. We will be continually challenged to increase our knowledge and skill base to best train those with interest in this population. Furthermore, we will be challenged to increase our own work in identifying our own beliefs and attitudes about gender, sex, and the fluidity of these characteristics.

Practical Actions

(1) Assess you own attitudes: Negative personal reactions, lack of understanding, and limited empathy are common in therapists working with LGB patients. Be honest with yourself. What are your attitudes toward LGB people? What is your attitude toward the LGB patient sitting across from you? Psychologists cannot reconstruct negative beliefs into accurate facts and develop an affirming attitude until they know and challenge their own internal homonegativity.

(2) Assessment and treatment: In addition to the typical assessments you make: Be sure to take a full history on your patient's experience of harassment and discrimination, in society, work, and family of origin. Knowing the abuses suffered by the patient will assist you in an accurately understanding (and possibly preventing the wrong diagnosis). In addition, understand for each patient, the obvious and obscure "psychological consequences of internalized negative attitudes" toward being a gay person. In particular, inquire about the losses as a result of coming out.

(3) Educate yourself: How much do you really know about LGB people? What is the last scholarly article you read on LGB issues? How many books on LGB issues have you read? How can you enhance your knowledge of gay people?

Where to start —

Resources: The APA LGB Guidelines are available to you on the APA website: www.APA.org. The LGB Guidelines is a document that all practitioners would do well to read, to ponder, and (most importantly) to use for self-improvement. While you're on the APA website, you can also read a number of resolutions and position statements by the APA about sexual orientation. There is a continuous stream of information that becomes available. Reading one source is not enough. Coming out is a life long process for your patients; your education about the ever-changing LGB world should also be a lifelong event.

However, if you seek one book that will review the recent literature about LGB issues, read the Handbook of Counseling and Psychotherapy with Lesbian, Gay, and Bisexual Clients (Perez, et al, 2000). For both you and your patients, two helpful books are: Coming Out to Parents (Borhek, 1993), and Free Your Mind (Bassand & Kaufman, 1996). Visit the University of California, Davis Counseling and Psychological Services website (www.caps.ucdavis.edu) for a list of other potentially useful publications and resources.

Two magazines that might be helpful to you are 1) "In the Family" will inform you about LGB parenting and other family issues and 2) "The Advocate" will keep you informed about current LGB cultural issues.

The local gay newspaper, usually available at food co-ops, bookstores, music stores, and other typically-gay friendly places will provide interesting information about the current LGB events, issues and resources in your community.

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(4) Look at your work climate: Is your practice or training site LGB-friendly or (better yet) LGB-affirmative? Look at your site with new eyes – review your paperwork, your policies, etc., as if you were an LGB person. What do you see? Do you feel welcome?

(5) Be an ally: It's not enough to be "tolerant" in this world. Oppressed minorities need other voices to speak up for and speak up with them. Non-gay people have a great gift to offer – use it. Find a way to make a contribution to the LGB community. Consider joining the Human Rights Coalition, the largest national lesbian and gay political organization; their regular e-mails will keep you updated on political and social issues relevant to LGB patients or students.

Summary

We hope this manuscript will assist psychologists to enhance their understanding of their own biases when treating LGB patients. We hope we have highlighted a number of the issues confronting LGB people and provided

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psychologists with resources to enhance their knowledge, skills and attitudes affirmative of working with LGB people.

Diversity based psychology will provide more effective training for students, interns and postdoctoral fellows and progressively more helpful treatment for patients. Practicing diversity based psychology will help protect the members of the public that we serve.

(See "Appendix A: Summary of the Guidelines for Psychotherapy with Lesbian, Gay, & Bisexual Patients," next page.)

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Lesbian, Gay, and Bisexual Clients. Retrieved August 12, 2004 from http://www.apa.org/divisions/div44/guidelines.htm#1.

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APPENDIX A — Diversity Based Psychology

Summary of the Guidelines for Psychotherapy with Lesbian, Gay, & Bisexual Patients

Attitudes Toward Homosexuality and Bisexuality

1. Psychologists understand that homosexuality and bisexuality are not indicative of mental illness.
2. Psychologists are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.
3. Psychologists strive to understand the ways in which social stigmatization (i.e., prejudice, discrimination, and violence) poses risks to the mental health and well-being of lesbian, gay, and bisexual patients.
4. Psychologists strive to understand how inaccurate or prejudicial views of homosexuality or bisexuality may affect the patient's presentation in treatment and the therapeutic process.

Relationships and Families

5. Psychologists strive to be knowledgeable about and respect the importance of lesbian, gay, and bisexual relationships.
6. Psychologists strive to understand the particular circumstances and challenges facing lesbian, gay, and bisexual parents.
7. Psychologists recognize that the families of lesbian, gay, and bisexual people may include people who are not legally or biologically related.
8. Psychologists strive to understand how a person's homosexual or bisexual orientation may have an impact on his or her family of origin and the relationship to that family of origin.

Issues of Diversity

9. Psychologists are encouraged to recognize the particular life issues or challenges experienced by lesbian, gay, and bisexual members of racial and ethnic minorities that are related to multiple and often conflicting cultural norms, values, and beliefs.
10. Psychologists are encouraged to recognize the particular challenges experienced by bisexual individuals.
11. Psychologists strive to understand the special problems and risks that exist for lesbian, gay, and bisexual youth.
12. Psychologists consider generational differences within lesbian, gay, and bisexual populations, and the particular challenges that may be experienced by lesbian, gay, and bisexual older adults.
13. Psychologists are encouraged to recognize the particular challenge experienced by lesbian, gay, and bisexual individuals with physical, sensory, and/or cognitive/emotional disabilities.

Education

14. Psychologists support the provision of professional education and training on lesbian, gay, and bisexual issues.
15. Psychologists are encouraged to increase their knowledge and understanding of homosexuality and bisexuality through continuing education, training, supervision, and consultation.
16. Psychologists make reasonable efforts to familiarize themselves with relevant mental health, educational, and community resources for lesbian, gay, and bisexual people.

Disciplinary Actions

October 1, 2003 — September 30, 2004

Mays, Richard C., Ph.D. (PSY 8431)
Mill Valley, CA
B&P Code § 2960(r). Repeated negligent acts. Stipulated Decision effective November 15, 2003. License revoked, stayed, 3 years probation.

Spicer, John Gary, Ph.D. (PSY 11561)
La Mesa, CA
Stipulated Decision effective January 1, 2004. License surrendered.

Hernandez, Aurea R., Ph.D. (PSY 7478)
Cerritos, CA
B&P Code §§ 2960(h)(j)(r), 728. Violation of confidentiality. Repeated negligent acts. Gross negligence in the practice of psychology. Failure to provide and discuss the brochure titled "Professional Therapy Never Includes Sex" to a patient who reported having a sexual relationship with a prior therapist. Decision effective November 27, 2003. License revoked, stayed, 3 years probation.

Gold-Neil, Valerie, Ed.D. (PSY 12628)
Laguna Beach, CA
B&P Code §§ 2960(j)(r)(h). Gross Negligence. Repeated Negligent Acts. Violation of confidentiality. Stipulated Decision effective December 18, 2003. License revoked, stayed, 3 years probation.

Culuko, Gayle, Ph.D. (PSY 16191)
Sacramento, CA
B&P Code §2960(j). Gross Negligence in the practice of psychology. Decision effective February 8, 2004. License revoked, stayed, 5 years probation.

Holladay, Patricia A., Ph.D. (PSY 10121)
San Diego, CA
Stipulated Decision effective February 11, 2004. License surrendered.

LeGagnoux, Gerald L., Ph.D. (PSY 11483)
Santa Monica, CA
B&P Code §2960. Unprofessional Conduct. Stipulated Decision effective February 12, 2004. License revoked, stayed, 2 years probation.

Notice:

The following decisions become operative on the effective date except in situations where the licensee obtains a court-ordered stay. This may occur after the preparation of this newsletter. For updated information on stay orders and appeals you may telephone (916) 263-2691 and speak to the Board's Enforcement Analyst.

To order copies of these decisions and other documents, send your written request by mail or e-mail the Board at bopmail@dca.ca.gov. Include the name and license number of the licensee and send to the attention of the Enforcement Program at the Board's offices in Sacramento. Please note that there may be a minimal copying charge for these documents.

Davis, Phillip J.
Corona, CA
B&P Code §2960(e)(n), 480(a)(2),(a)(3). Fraud or deception in applying for a license. Dishonest, corrupt, or fraudulent acts. Decision effective February 27, 2004. License denied.

Argast, Terry Lee, Ph.D. (PSY 4396)
Laguna Niguel, CA
B&P Code §2960(j). Gross Negligence in the practice of psychology. Decision effective March 3, 2004. Revoked, stayed, 7 year probation, 180 day suspension.

Heffernan, Thomas, Ph.D. (PSY 10461)
Cincinnati, OH
B&P Code §§2960(a)(n). Conviction of a crime which is substantially related to the qualifications, functions and duties of a psychologist or psychological assistant. Dishonest, corrupt, or fraudulent acts. Default Decision effective March 24, 2004. License revoked.

(Continued on page 15)

Disciplinary Actions ... *(Continued from page 14)*

Wilmes-Reitz, Joyce Elaine, Ph.D. (PSY 9173)
Calabasas, CA
B&P Code §§2960(j)(r), 2960. Gross Negligence in the practice of psychology. Repeated Negligent Acts. Unprofessional Conduct. Stipulated Decision effective April 21, 2004. License revoked, stayed, 4 years probation.

Lucchetti, Frank J., Ed.D. (PSY 13732)
Napa, CA 94558
B&P Code §§2960(j)(r)(n)(p). Gross Negligence in the practice of psychology. Repeated Negligent Acts. Unprofessional Conduct. Dishonest, corrupt, or fraudulent acts. Functioning outside of his or her particular field or fields of competence as established by his or her education, training, and experience. Decision effective May 14, 2004. License revoked.

Demos, George D., Ph.D. (PSY 534)
Huntington Beach, CA 92649
Decision effective May 15, 2004. License surrendered.

Hatjes, Gust L., Ph.D. (PSY 10113)
San Jose, CA 95119
Stipulated Decision effective June 20, 2004. License surrendered.

Apramian, Lisa Rose, Ph.D. (PSY 13563)
San Diego, CA
Stipulated Decision effective June 23, 2004. License surrendered.

Gootnick, Andrew Tobey, Ph.D. (PSY 5743)
Novato, CA
B&P Code §§ 2960(j)(r). Gross Negligence in the practice of psychology. Repeated negligent acts. Decision effective June 24, 2004. License revoked, stayed, 5 years probation.

Shoff, Susan P., Ph.D. (PSY 6836)
Chicago, IL
Stipulated Decision effective July 7, 2004. License surrendered.

Explanation of Disciplinary Language

Revoked — *The license is canceled, voided, annulled, rescinded. The right to practice is ended.*

Revoked, stayed, probation — *"Stayed" means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specific probationary terms and conditions. Violation of probation may result in the revocation that was postponed.*

Suspension — *The licensee is prohibited from practicing for a specific period of time.*

Gross negligence — *An extreme departure from the standard of practice.*

Default decision — *Licensee fails to respond to Accusation by filing a Notice of Defense or fails to appear at administrative hearing.*

License surrender — *While charges are still pending, the licensee turns in the license — subject to acceptance by the board. The right to practice is ended.*

Effective decision date — *The date the disciplinary decision goes into operation.*

FYI

Address of Record for Licensed Psychologists is Public Information

The address listed on your BOP Update newsletter mailing label is your address of record. This is the address the board gives to the public upon request, and where your license renewal forms are sent.

If you wish to change this address, you must mail a written request to the board at its Sacramento office, or make the request in an e-mail addressed to bopmail@dca.ca.gov.

The board recommends that you not use your residence address as your address of record for reasons of personal security.

California Department of Consumer Affairs
Board of Psychology
1422 Howe Avenue, Suite 22
Sacramento, CA 95825-3200

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Licensees & Registrants Please Note: The address listed on the mailing label is the address of record listed with the Board of Psychology. This is the address that is given to the public upon request and where license renewal forms are sent. It is also the address that is made available to the public on the Board of Psychology Website verification of license feature.

The Board recommends that you not use your residence address as your address of record for reasons of personal security. If you wish to change your address of record, you can either mail the request to the Board's office in Sacramento or you can e-mail the request to: bopmail@dca.ca.gov.

The California Board of Psychology protects the health, safety and welfare of consumers of psychological services.

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